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AUTHOR Schlitt, John J.
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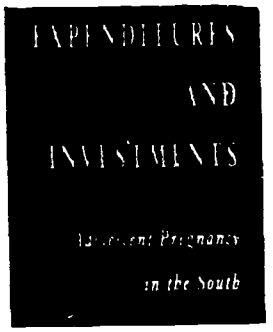
ABSTRACT

An analysis of Southern states' policies, programs, and funding related to adolescent pregnancy was conducted for the purpose of assessing the role of the states in stimulating prevention initiatives. Specific states included were Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Information and funding estimates for state-sponsored primary prevention initiatives from state education, health, and human service administrators were requested. A data analysis indicated that in contrast to the $5.7 billion expended to serve families begun by adolescents, the $110 million investment of state and federal dollars toward programs designed to prevent pregnancies among adolescents seems minuscule. The region's largest investment in preventing unintended pregnancies among adolescents, i.e., family planning, represents only 1% of the region's total public expenditures related to adolescent childbearing. For every dollar spent on adolescent pregnancy prevention programs, only two cents are directed toward primary prevention. This inequity reflects a societal conflict; there is agreement that a problem exists but not agreement on how to resolve it. As a consequence support for public adolescent pregnancy prevention programs is minimal. The challenge remains for state governments to carry out the complicated role of prescribing solutions, all the while providing the flexibility and support to help localities determine their particular needs. (ABL)

EXPENDITURES AND INVESTMENTS

Adolescent Pregnancy in the South

Southern Regional Project on Infant Mortality
Southern Center on Adolescent Pregnancy Prevention
1992



Note from the Author

What is the public's bill each year for supporting families that are started by adolescents? It is an often-asked question of advocates who surmise that attaching a price tag to adolescent childbearing might pique the interest of state leaders who set policy and appropriate funds to public agencies. By exposing the exorbitant public spending on adolescent childbearing, advocates hope to prompt fiscally-responsible policy-makers to put prevention before costly remediations. Public expenditures are a compelling argument for greater attention to prevention, but they only tell half the story. Of the billions of dollars being expended each year for adolescent pregnancy, what investments of public funds are being made to prevent pregnancies among adolescents in the first place?

The Southern Center on Adolescent Pregnancy Prevention [the Center] conducted a regional analysis of state policies, programs, and funding related to adolescent pregnancy for the purpose of assessing the state's role in stimulating prevention initiatives. Recognizing that responsibility for adolescent pregnancy prevention crosses agency boundaries, the Center requested information and funding estimates for state-sponsored primary prevention initiatives from state education, health, and human service administrators. Several criteria were used to determine what state efforts to include. The policy, program, or funding should be: directed to initiatives that seek to prevent first pregnancies; directly related to reproductive health and responsible sexuality management; and designated by the state for this purpose. [In some instances, federal funds by-pass state agencies and are used by localities for at-risk prevention programs, but are not designated specifically for adolescent pregnancy prevention.]

This is not a rigorous, scientific study, but rather an analysis of states' commitment to adolescent pregnancy prevention as gauged by state policies and appropriations. Its purpose is to draw attention to the spending differential between programs that serve adolescent parents and those that prevent them from becoming parents. Most importantly, the exemplary programs featured here provide guidance for southern states desiring to combat the poor sexual management of its youth. What *Expenditures and Investments* does not capture is the myriad of programs and initiatives sponsored by non-public entities, including religious institutions, civic groups, hospitals, and community-based youth organizations; their contributions are both invaluable and immeasurable.

The Center staff is indebted to the countless agency representatives who completed surveys and responded to telephone information requests. Special thanks to Kelly Thompson and Meg LaPorte of the Southern Regional Project on Infant Mortality for their assistance in collecting data.

John J. Schlitt
September, 1992

For every $1.00 spent on public programs for families begun as adolescents, the South spends an estimated 2¢ on primary prevention of adolescent pregnancy.

There are two types of public costs associated with adolescent pregnancy: funds dedicated to the primary prevention of pregnancies among adolescents and funds directed to programs for pregnant and parenting adolescents. For the purpose of this report, these costs shall be referred to as investments and expenditures, respectively. Distinctly different from each other, investments are directed to prevent the activity resulting in pregnancy [early and unprotected sexual intercourse]; expenditures deal with the consequences of pregnancy. Expenditures might be considered the public cost of failing to make prevention investments.

This report examines the different costs associated with adolescent pregnancy and its prevention in southern states. Its purpose is to draw attention to the exorbitant public expenditures related to adolescent childbearing in contrast to minimal investments of state and federal resources for adolescent pregnancy prevention. The argument is not that assistance for pregnant and parenting adolescents is inappropriate, but that greater attention to primary prevention efforts might yield fewer unintended pregnancies, and as a consequence, fewer publicly supported families. This report also speaks to those who contend that tax dollars have no place being invested in adolescent sexuality issues. The South's bill to support families begun by adolescents reveals that tax dollars are already being committed; for every $1.00 spent on public programs for families begun by adolescents, the South spends an estimated 2¢ on primary prevention of adolescent pregnancy.

PUBLIC EXPENDITURES

The analysis of consequences associated with adolescent childbearing, typically framed around the personal costs to the adolescent and her child, has been broadened within recent years to include economic impact. As measured by public expenditures related to families begun by adolescents, the cost data provide compelling evidence which suggest that the public, too, pays a high price for adolescent pregnancy and childbearing. Advocates have found the financial impact to be a particularly persuasive tool for prompting leaders who set public agency policies, balance budgets, and curb government spending to give greater attention to primary prevention programs that reduce too-early childbearing.

In fiscal year 1991, adolescent childbearing cost southern states more than an estimated $5.7 billion in federal and state funds [see table for state-specific estimates]. This figure includes outlays for the three largest public programs which serve families-in-need: Aid to Families with Dependent Children [$2.2 billion], Medicaid [$2.0 billion], and food stamps [$1.5 billion]. These single year cost estimates are based on national data which suggest that 53% of families receiving public assistance were begun when the mother was a teenager.

PUBLIC EXPENDITURES RELATED TO ADOLESCENT CHILDBEARING FY 1991

	AFDC	Food Stamps	Medicaid	Total
Alabama	$ 45,426,000	48,360,000	23,556,000	117,342,000
Arkansas	$ 31,156,000	23,892,000	42,839,000	97,887,000
Delaware	$ 21,643,000	18,677,000	28,585,000	68,905,000
Florida	$301,075,000	198,863,000	295,951,000	795,889,000
Georgia	$196,381,000	137,045,000	202,578,000	536,004,000
Kentucky	$118,791,000	19,597,000	128,504,000	266,892,000
Louisiana	$112,055,000	122,187,000	100,773,000	335,015,000
Maryland	$229,234,000	79,931,000	140,131,000	449,296,000
Mississippi	$ 51,696,000	65,482,000	102,876,000	220,054,000
Missouri	$127,942,000	73,201,000	126,729,000	327,872,000
N. Carolina	$181,718,000	79,100,000	197,010,000	457,828,000
Oklahoma	$100,452,000	53,945,000	64,697,000	219,094,000
S. Carolina	$ 68,103,000	60,004,000	45,151,000	173,258,000
Tennessee	$158,520,000	123,850,000	143,487,000	425,857,000
Texas	$278,927,000	251,131,000	224,876,000	754,934,000
Virginia	$123,424,000	69,326,000	91,956,000	284,706,000
West Virginia	$63,861,000	70,599,000	67,720,000	202,180,000
Regional Total	2,210,404,000	1,495,190,000	2,027,419,000	5,733,013,000

Public costs have risen dramatically since 1987, when estimates were last compiled for the region. Between 1987 and 1991, total costs increased 60%, up from $3.6 billion.

The $5.7 billion figure is conservative because it does not take into account other public costs associated with adolescent parenting, including remedial education, job training, and day care for the mother and her infant. Other potential long-term costs that might be incurred by needy families begun by adolescents include housing subsidies, WIC, subsidized school meals, special education, and foster care.[1]

Spending Trends

Public costs have risen dramatically since 1987, when estimates were last compiled for the region. Between 1987 and 1991, total costs increased 60%, up from $3.6 billion. Southern states experiencing the largest increases were Florida (110%), Tennessee (108%), North Carolina (96%), Delaware (92%), and West Virginia (90%). Alabama was the only state whose expenditures remained unchanged. Although there are minor differences from state to state, the increase can be attributed generally to a combination of several factors: childbearing among adolescents aged 15-17 has been increasing steadily since 1986; the number of families eligible for public support has increased across the region; and payment levels for AFDC, Medicaid, and food stamps, too, have increased over the last four years.

PUBLIC INVESTMENTS

States' investments in primary prevention of adolescent pregnancy are reflected in the policies, programs, and funding that facilitate local prevention efforts. For the purpose of this report, the Center looked at a broad range of state-sponsored initiatives that have potential for preventing adolescent pregnancy, including health and human sexuality education, health services, family planning, and life options programs. Surveys reveal that state legislative and agency activity is concentrated in three areas: comprehensive school health, public health services for adolescents, and special initiatives targeted at reducing adolescent pregnancy.

COMPREHENSIVE SCHOOL HEALTH EDUCATION AND SERVICES

Comprehensive school health has long been regarded as an essential component of the adolescent pregnancy prevention paradigm.[2] To successfully delay early parenthood, young people need information, skills, and resources to manage their sexuality responsibly. School health programs have had promising impact on increasing students' knowledge of human sexuality and reproduction, building skills for responsible sexual decision-making, supporting parents as sexuality educators, and providing linkages with health personnel and services. Comprehensive school health programs can establish a foundation of knowledge that stresses personal responsibility for well-

1 Center for Population Options. 1992 *Teenage pregnancy and too-early childbearing Public costs, personal consequences*, 6th edition. Washington D C

2 Schlitt, J (1991) *Bringing Health to School*. Southern Regional Project on Infant Mortality

	HEALTH EDUCATION POLICY	DIRECTIVES FOR PREGNANCY PREVENTION	HEALTH/FAMILY LIFE TEACHER TRAINING	SCHOOL HEALTH SERVICES POLICY
AL	Mandate: grades K-8 and one high school unit.	None	None	None
AR	Mandate: grades K-8 and one-half unit in high school.	None	Curricula training for 5-6 districts a year.	State law mandates the services of a licensed nurse per school district; suggested nurse-student ratio is 1:1,000.
DE	Mandate: grades K-12	required: see bullet	46 teacher trainings in 1991- 92 for 2800 school personnel.	State law mandates one nurse per 40 teacher units; see bullet.
FL	Mandate: grades K-12	Mandated human sexuality education grades K-12.	Variety of training events across the state serving 1,000 teachers annually.	See bullet
GA	Mandate: 30 hours for grades K-8 and 1 high school unit	Human sexuality education is included as required competency.	see bullet	None
KY	Local option.	None	None	State defines essential health services to be provided; no mandate for school nurses
LA	Two units of Health and Physical Education are required for graduation.	None	Health topics teacher training by request.	None
MD	Mandate: grades K-8.	required: see bullet	Wellness conference for school personnel; teacher training for health curriculum	State health and education agencies adopted standards for school health; no state funding was attached.
MS	Local option; state-adopted comprehensive health education curriculum is available	None	Train the trainer workshops for state health education curriculum	Authorized, but not funded by state.
MO	Local option	None	None	None
NC	Mandate: grades K-9	None	None	Authorized, but not funded by state
OK	Mandate: Beginning school year '93, grades 1-12.	learner outcomes for Family Life are provided to schools, but not mandated.	HIV/AIDS and health topics workshops serving 466 personnel in 1991-92.	Written description of health services required.
SC	Mandate: grades K-8	required: see bullet	See bullet	None
TN	Mandate: grades K-12	required: see bullet	Family life education teacher training by request; 700 teachers served in 1991-92.	Authorized, but not funded by state.
TX	Mandate: grades K-12.	None	See bullet	Essential health services mandated; no state funding for implementation.
VA	Mandate: grades K-10	required: see bullet	See bullet	None
WV	Mandate: grades K-12	required: see bullet	Statewide teacher training to integrate 8 components of school health program	Mandated student-nurse ratio; health personnel state funded; see bullet.

ness, and aid students in understanding choices and behaviors that impact their physical, mental, social, and emotional health.

The Center examined state school health policies as they relate to the prevention of adolescent pregnancy. Is there a legal basis for school-based health education? Does the state code support the inclusion of human sexuality and pregnancy prevention topics? What state-sponsored training opportunities are available for health and human sexuality instructors?

Comprehensive Health Education Policy

The primary mechanism by which states support comprehensive health education is through legislation or agency policy. Thirteen of the 17 southern states provide a legal basis [see table]; Kentucky, Mississippi, Missouri, and Oklahoma1 encourage, but do not mandate, local school districts to provide health education.

Human Sexuality/ Adolescent Pregnancy Prevention

Many states that establish learner outcomes for comprehensive health education include topics which address human reproduction and the prevention of adolescent pregnancy [i.e. human sexuality, family life education, etc.]. Of the 13 states mandating health education, 8 identify human sexuality and/or the prevention of adolescent pregnancy as a required component [see table]. Some states provide broad parameters for addressing human sexuality, giving communities flexibility in meeting the state objective:

- Florida law mandates human sexuality education in grades K-12; local school districts have the option of including as a part of, or separate from, health education.
- Maryland's State Board of Education requires that health instruction help young people make responsible decisions about sexual behavior, family planning, and preventing pregnancy.
- South Carolina requires a minimum of 750 minutes of classroom time dedicated to reproductive health and pregnancy prevention for grades 9-12.
- Tennessee code requires family life education for all counties with an adolescent pregnancy rate exceeding 19.5 [per thousand females aged 15-17]. "The locally devised and implemented program ...shall emphasize abstinence from sexual relations outside of marriage, the right and responsibility of a person to refuse to engage in such relations, basic moral values, as well as the obligations and consequences which arise from intimacy."

Other states prescribe very specific objectives which must be met in the classroom:

- Delaware's State Board of Education set health education objectives which include analyzing the

1 As of 1993, Oklahoma school districts will be required to provide health education in all grades

benefits of postponing sexual involvement, the effects of teenage pregnancy, and the various methods of pregnancy prevention.

- The Virginia State Board of Education's family life education learning objectives include understanding the benefits of postponing sexual involvement, the consequences of teenage sexual activity, the responsibility of family planning, and the effectiveness of contraception.
- West Virginia's state health education include analyzing the implications of adolescent pregnancy; evaluating methods of fertility control; and recognizing the responsibility of parenthood and the significance of family planning.

Health and Human Sexuality Education Training

Tangible support for health education is apparent when states sponsor health and human sexuality education training. State funds for training school personnel to provide health instruction have been limited. In recent years federal Drug Free Schools and Communities and HIV/AIDS prevention grant programs have provided fiscal support for health education, including state administrative staff, professional development, and health materials. While the categorical funds relate to very specific health topics, many states have used the funds to support a comprehensive health framework for addressing all health risk behaviors, including too-early sexual activity. The inclusion of human sexuality and pregnancy prevention in state-sponsored training activities depends greatly on the education agency's philosophy regarding comprehensive health programs. The following states have demonstrated a significant commitment toward supporting health and human sexuality educators:

- In 1991, Georgia's Governor Miller earmarked $500,000 of state revenue to fund salaries for family life education trainers in each of the 16 regional education service agencies thereby assisting schools in implementing the state's family life education mandate.
- South Carolina's State Department of Education funds two full-time health educators to travel across the state in a mobile health education van and provide teacher training.
- The Texas School Health Project, state-funded at $700,000 via the Texas Cancer Council, provides staff development for school personnel interested in infusing health topics into existing curricula.

School Health Services Policy

Among the school health components, health services has probably received the least amount of attention from state government. Six southern states report having no code regulating school health services; seven states authorize the

provision of essential services but do not provide funding for implementation [see table]. While school nurses, the dominant provider of school health services, are supported primarily by local funds, some states designate federal block grant funds for health personnel. Three states have made a significant financial commitment to school health services and personnel:

- Delaware and West Virginia mandate school nurse programs, including a specific nurse ratio (per students in West Virginia; per number of teachers in Delaware). The nearly 160 school health personnel in each state are considered state employees; their salaries are funded through state funds.
- Florida's school health code establishes the foundation for district programs and includes state funding [$5.7 million] for basic health services; an additional appropriation [$9 million] is allocated for expanded school-based services for high-risk populations.

PUBLIC HEALTH SERVICES

Adolescent public health services are a vital part of the prevention paradigm because they link young people to health personnel—counselors, educators, and service providers—and medical care. Public health agencies have enormous capacity for supporting responsible adolescent sexuality management, for encouraging the postponement of sexual involvement, and for providing family planning resources to adolescents. The Center examined public health initiatives designed to improve adolescents' access to health education, counseling, and services.

While the estimates vary from source to source, more than half of all adolescents are thought to be sexually active by 18 years of age.[1] For each of these adolescents the risk of an unintended pregnancy is significant; for the 25% of sexually active adolescents who use no contraception, the risks are great. Many of the state prevention initiatives focus on providing family planning counseling and contraceptive services to sexually active adolescents. In fact, family planning represents the region's largest investment of state and federal funds toward adolescent pregnancy prevention. With adolescents representing nearly 30% of the South's family planning clients, state and federal family planning counseling and contraceptive resources for this population alone total over $67,000,000 [see table].

Not all adolescents at risk of an unintended pregnancy seek family planning. Many state public health agencies across the region have identified this high-risk population as an agency priority and have made concerted efforts to improve the delivery of and increase access to health care and family planning services for adolescents. Efforts to provide service outreach, establish nontraditional delivery sites, publicize programs, implement aggressive follow-up, and hire staff sensitive to adolescents have been greatly enhanced

1 Moore, K., Snyder, N., & Daly, M. (1992) *Facts At A Glance*. Child Trends Washington, D.C.

STATE AND FEDERAL RESOURCES FOR FAMILY PLANNING FY 1990

	Adolescents as a % of family planning caseload[1]	Family Planning Investments for Adolescents[2]		
		State	**Federal[3]**	**Total**
AL	31%	$1,104,000	$1,815,000	$2,919,000
AR	28%	681,000	652,000	1,333,000
DE	28%	73,000	202,000	275,000
FL	29%	4,097,000	5,080,000	9,177,000
GA	31%	1,431,000	7,365,000	8,796,000
KY	33%	1,378,000	1,987,000	3,365,000
LA	27%	250,000	2,823,000	3,073,000
MD	26%	1,292,000	1,413,000	2,705,000
MS	28%	66,000	1,679,000	1,745,000
MO	21% (Public Health) 30% (Title X agency)	0	1,359,000 710,000	2,069,000
NC	33%	571,000	3,135,000	3,706,000
OK	28%	1,530,000	1,418,000	2,948,000
SC	31%	923,000	1,364,000	2,287,000
TN	26%	195,000	3,827,000	4,022,000
TX	24%	1,865,000	9,565,000	11,430,000
VA	33%	4,241,000	2,464,000	6,705,000
WV	34%	298,000	863,000	1,161,000
South	29%	$19,995,000	$47,721,000	$67,716,000

1 Estimated by state health agency administration

2 Gold and Daley (1992) Public Funding of Contraceptive Sterilization and Abortion Services, Fiscal Year 1988 *Family Planning Perspectives* 24(5) p. 201-211 and reports of adolescents as a percentage of family planning clients served

3 Federal funds comprise Title X, Medicaid, Title V, MCH Block Grant, and Title XX Social Services Block Grant

by states' commitment of federal and state dollars toward adolescent primary care services.

- With $500,000 in combined state and federal funds, Arkansas' State Department of Health has forged a partnership with local education agencies to create 20 school-based health centers across the state.
- The Georgia Department of Human Resources commits nearly $1 million of its federal Maternal and Child Health Block Grant annually to school-based health centers in 14 counties across the state.
- The Kentucky State Department of Health dedicates nearly $.5 million of its Maternal and Child Health Block Grant toward 12 school-based adolescent primary care facilities.
- Following a state survey that revealed adolescents face a variety of barriers in accessing family planning, Maryland appropriated $2 million of state revenue for a family planning demonstration grant program in seven communities with large proportions of high-risk youth.
- Oklahoma allots $280,000 of state and federal funds to public health clinics around the state to enhance health delivery to adolescents.

SPECIAL INITIATIVES

There is an increasing belief among prevention advocates, social researchers, and program providers that adolescent pregnancy prevention must be broader than human sexuality education and family planning. Adolescents who lack the motivation to delay early parenthood, they contend, will require a greater commitment from society than an hour of reproductive health instruction or expanded after-school hours for family planning services. The following initiatives reflect a variety of strategies that states are implementing to help communities reduce adolescent pregnancy and childbearing:

Primary Prevention Initiatives

As evidenced by the growing expenditures related to families begun by adolescents, the lion's share of public resources and programs are dedicated to serving the consequences of young people's sexual activity. Reaching young people before they become sexually active, while seemingly logical, is the exception, not the norm, to how public institutions treat adolescent sexuality issues [see Schlitt, J. (1992). *Primary Prevention of Adolescent Pregnancy Among High-Risk Youth*, Southern Regional Project on Infant Mortality]. Two states have created innovative programs that break from the traditional delivery of services. These programs are innovative in that they represent statewide efforts to delay the initiation of sexual activity among high-risk youth.

- South Carolina's Departments of Social Services and Health Care Financing teamed up to establish an after-

school prevention program for Medicaid-eligible youth. Called the Teen Companion Program, the statewide initiative links peer and adult companions with young people to help them delay early sexual activity and parenthood through education and mentoring.

- A combination media campaign and family life education program. Maryland's Campaign for Our Children advises children across the state that "You can go farther when you don't go all the way." The message promoting sexual abstinence is delivered through a variety of media, including billboards, prime time television and radio ads, and posters. Classroom lesson plans give teachers an opportunity to discuss and explore the campaign's themes with students.

Community Organization

The participation of the community in distinguishing adolescent pregnancy and childbearing as undesirable and in developing prevention solutions is indisputably necessary to creating effective programs. Four southern states provide funds to facilitate community organization around identifying local strategies and resources for preventing adolescent pregnancy.

- Virginia and Maryland provide seed money, or incentive grants, to community-based organizations to stimulate the collaboration, coordination, and strengthening of linkages between public and private youth-serving agencies. Funds are used to form and maintain coalitions, as well as undertake special activities, including needs assessments, resource guides, etc.
- West Virginia and Tennessee have taken a unique approach to organizing communities and resources: state health agencies employ full-time staff dedicated solely to coordinating community adolescent pregnancy prevention activities.

Adolescent Pregnancy Prevention Community Grants

Unlike most categoric. grant programs which address one aspect of adolescent pregnancy prevention, state grant programs provide communities greater flexibility in developing comprehensive responses to local needs. State grant programs augment local prevention efforts by providing resources and/or staff that were heretofore cost-prohibitive. The grant process also prompts collaboration among community agencies to determine how the funding could best serve its youth. Programs fulfill a wide range of community needs, including teacher training workshops, male responsibility programs, health instruction materials, and adolescent health conferences.

- Georgia provides an annual $1.1 million state appropriation to local health departments for community-based initiatives;
- Kentucky combines state revenue and a variety of federal

block grant dollars to sponsor a $738,000 special prevention initiatives fund for communities;

- North Carolina's $1.4 million grant program, comprised of state funds and Social Service Block Grant money, is directed to local adolescent pregnancy prevention projects on a competitive basis;
- Oklahoma provides $250,000 of state funds to local community agencies to implement adolescent pregnancy prevention initiatives, which must include the establishment of a community task force and educational components for youth and public awareness.

COMPUTING REGION'S FINANCIAL INVESTMENT

For the purpose of contrasting expenditure and investment figures, states' financial commitment to adolescent pregnancy prevention was measured. In approximating the states' investment of federal and state dollars, the Center requested state agencies to affix a dollar amount and source to the programs featured throughout this report. The criterion for being included was that the funding must be dedicated to primary prevention and directed to the community [i.e. non-administrative]. While every effort was made to include all state adolescent pregnancy prevention activities, some program information and funding may have been missed. It cannot be emphasized enough that these are estimates and should be used accordingly. It is the Center's intent to create a sense of states' spending patterns related to adolescent pregnancy prevention: What resources are dedicated to prevention? What is the funding source? Are some states making greater investments in prevention than others? How do the figures compare with expenditures associated with adolescent childbearing?

In total, the investment of state and federal funds in adolescent pregnancy prevention reached $110 million for fiscal year 1992 [see table; appendix A delineates spending breakdown state by state]. Family planning services make up the largest portion [61%], with the remaining spread across various school and public health initiatives. The distribution between federal block grants and state revenue is evenly matched, suggesting that states are looking beyond categorical grant programs to fund innovative projects. The maternal and child health block grant [Title V of the Social Security Act] is the predominant federal funding source for prevention programs not under the family planning roof. Use of the social services block grant and Title X family planning funds for special initiatives is sporadic.

To make the figures meaningful across states, investments per capita were computed using census data for 10-19 year olds in each state. For example: North Carolina's investments totaled $5,148,000; divided by

an estimated 918,000 adolescents aged 10-19. North Carolina's per capita investment is $5.60. The South's per capita investment is $8.50. Delaware's figure, $65, appears to be an anomaly among the regional range of $3-20; the high number reflects the state's nearly $5 million commitment to school health personnel. Divided by the estimated 90,000 adolescents, the financial investment is much higher than its neighboring states in the South. Low per capita figures are representative of states which make minimal investments beyond family planning; high per capita figures reflect a greater commitment to providing prevention resources to communities

ADOLESCENT PREGNANCY IN THE SOUTH PUBLIC EXPENDITURES AND INVESTMENTS/ INVESTMENT PER CAPITA

	Expenditures[1]	Investments[2]	Investments Per Capita[3]
Alabama	$117,342,000	$ 3,349,000	$ 5.50
Arkansas	$97,887,000	$ 2,033,000	$ 5.70
Delaware	$ 68,905,000	$ 5,728,000	$65.00
Florida	$795,889,000	$23,805,000	$15.40
Georgia	$536,004,000	$11,685,000	$12.10
Kentucky	$266,892,000	$ 4,573,000	$ 8.20
Louisiana	$335,015,000	$ 3,284,000	$ 4.85
Maryland	$449,296,000	$ 5,682,000	$ 9.30
Mississippi	$220,054,000	$ 2,303,000	$ 5.30
Missouri	$327,872,000	$ 2,129,000	$ 2.90
N. Carolina	$457,828,000	$ 5,148,000	$ 5.60
Oklahoma	$219,094,000	$ 3,536,000	$ 7.50
S. Carolina	$173,258,000	$ 4,903,000	$ 9.30
Tennessee	$425,857,000	$ 4,619,000	$ 6.60
Texas	$754,934,000	$15,092,000	$ 5.70
Virginia	$284,706,000	$ 7,020,000	$ 8.40
West Virginia	$202,180,000	$ 5,425,000	$19.90
Regional Total	**$5,733,013,000**	**$110,314,000**	**$ 8.50**

1 Medicaid, AFDC, and Food Stamp expenditures for families begun by adolescents, based on FY 1991 data as reported by state human service and Medicaid agencies

2 Primary prevention program costs (i.e. school health, public health, special initiatives, etc.), based on FY 1992 program information collected from state departments of health, education, and human services

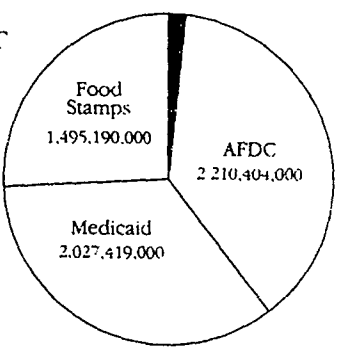
3 Based on 1991 state census estimates for males and females aged 10-19, Population Estimates Branch, Bureau of the Census

ANALYSIS

In contrast to the $5.7 billion expended to serve families begun by adolescents, the $110 million investment of state and federal dollars toward programs designed to prevent pregnancies among adolescents seems minuscule. The region's largest investment in preventing unintended pregnancies among adolescents, family planning, represents only 1% of the region's total public expenditures related to adolescent childbearing. For every $1.00 spent on adolescent pregnancy programs, only 2¢ is directed to primary prevention. This inequity reflects a societal conflict: we agree the problem exists but we cannot agree on how to resolve it. As a consequence, support for public adolescent pregnancy prevention programs is minimal.

While few would argue that the most effective solutions to preventing adolescent pregnancy and childbearing are locally derived and supported, it is the public institutions, more often than not, that take responsibility for community prevention initiatives. And it is the state that provides funding, regulatory policies, and programmatic directives for those institutions. Accordingly, it is the state that can establish adolescent pregnancy prevention as a priority among local youth-serving institutions, most especially, schools, health departments, and social service agencies. The relationship between state government and local initiatives cannot be dismissed. The challenge remains for state government to carry out its complicated role of prescribing solutions, all the while providing the flexibility and support to help localities determine their particular needs.

PUBLIC SPENDING RELATED TO ADOLESCENT PREGNANCY FY 1991



Investments = Family Planning
Public Health
School Health
Special Initiatives
$110,314,000

Expenditures = AFDC
Medicaid
Food stamps
$5,733,013,000

APPENDIX
STATE INVESTMENTS IN ADOLESCENT PREGNANCY PREVENTION

CDC =	Centers for Disease Control HIV/AIDS prevention grant
DFSC =	U.S. Department of Education Drug Free Schools and Communities
DOE =	U.S. Department of Education
SSBG =	Title XX Social Services Block Grant
Title X =	Federal family planning program
Federal =	Refers to any combination of federal funds, typically, Title V MCH Block Grant, Title XX Social Services Block Grant, Medicaid, and Title X Family Planning.
State =	Refers to state appropriations

ALABAMA	**TOTAL**	**$3,349,000**
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	2,919,000
Adolescent Primary Care Hospital-based Children & Youth Project; serves large metropolitan area and provides professional development to adolescent health providers across the state.	Title V MCH Block	430,000
ARKANSAS	**TOTAL**	**$2,033,000**
COMPREHENSIVE SCHOOL HEALTH		
School Health Services Combination state and federal funds support 20 school health centers across the state	Title V MCH Block State	430,000 450,000
PUBLIC HEALTH SERVICES		
Family Planning	State, Federal	1,333,000
SPECIAL INITIATIVE		
Statewide Media Campaign	State/Federal	200,000
DELAWARE	**TOTAL**	**$5,728,000**
COMPREHENSIVE SCHOOL HEALTH		
Teacher Training State held 46 health education teacher trainings in 1991-92 school year for 2800 teachers and nurses. Annual wellness conference attracts additional 120 school personnel	CDC/DFSC	30,000

School Health Services		
State law mandates one nurse per 40 teacher units; nurses are funded through state and federal appropriations.	State Federal	4,900,000 47,000
Four school-based clinics are supported with federal and state funds.	State Title V MCH Block	341,000 120,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	275,000
SPECIAL INITIATIVES		
Evaluation of the state's school-based health initiative.	Title V MCH Block	15,000
FLORIDA	**TOTAL**	**$23,805,000**
COMPREHENSIVE SCHOOL HEALTH		
School Health Services		
• Basic School Health Program	State	5,679,000
• Supplemental, high-risk school-health grants fund 49 projects statewide.	State	9,009,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	9,177,000
GEORGIA	**TOTAL**	**$11,685,000**
COMPREHENSIVE SCHOOL HEALTH		
Teacher Training	State	500,000
School-Based Primary Care State Human Resources Department dedicates federal funds to middle and high school-based clinics in seven health districts.	Title V MCH Block	980,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	8,796,000
Teen Clinics State-sponsored grants to district health offices to enhance family planning services for adolescents.	State	290,483
SPECIAL INITIATIVES		
Community Grants	State	1,119,000
KENTUCKY	**TOTAL**	**$4,473,000**
COMPREHENSIVE SCHOOL HEALTH		
School-Based Adolescent Primary Health Services	Title V MCH Block	470,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	3,365,000

SPECIAL INITIATIVES		
Community Grants	State	48,000
	Federal	690,000
LOUISIANA	**TOTAL**	**$3,284,000**
COMPREHENSIVE SCHOOL HEALTH		
School Health Services State Department of Health and Hospitals dedicates federal funds to school health services personnel and administration.	Title V MCH Block	70,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	3,075,000
Family Planning Case Management Federal funds are dedicated to one community-based family planning case management program to prevent early first pregnancies.	Title V MCH Block	141,000
MARYLAND	**TOTAL**	**$5,682,000**
COMPREHENSIVE SCHOOL HEALTH		
Teacher Training Annual state wellness conference for education personnel; teacher training workshops for teaching the state's health curriculum framework	CDC/DOE grants	100,000
School Health Services State and federal funds support school nurses in 15 counties.	State DFSC	80,000 540,000
Federal and state funds are dedicated to one school-based clinic.	Title V MCH Block State	1,000 113,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	2,705,000
High-Risk Adolescent Family Planning Grants Program	State	2,000,000
SPECIAL INITIATIVES		
Campaign for Our Children	State	320,000
Community Incentive Grant	State	250,000
State Department of Education Miscellaneous Grants Department funds 4 teen health conferences annually and 7 school-based adolescent pregnancy prevention initiatives for high-risk students	State	193,000

MISSISSIPPI	TOTAL	$2,303,000
COMPREHENSIVE SCHOOL HEALTH		
Teacher Training State-sponsored "Train the Trainers" workshops.	CDC/DFSC	40.000
School Health Services State Department of Health dedicates federal block grant funds to school nurse programs for high-risk areas.	Title V MCH Block SSBG	85.000 203.000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	1,745.000
Adolescent Discovery Clinic Federal funds are dedicated to a community-based adolescent health project.	Title V MCH Block	230.000

MISSOURI	TOTAL	$2,129,000
PUBLIC HEALTH SERVICES		
Family Planning	Federal	2,069.000
SPECIAL INITIATIVES		
Teen Health Consultants Federal funds passed through the state health department are earmarked by metropolitan health officials for a peer-to-peer health education program.	Title V MCH Block	60.000

* Missouri's Title X funds are administered through a non-governmental agency.

NORTH CAROLINA	TOTAL	$5,148.000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	3,706.000
SPECIAL INITIATIVES		
Community Grants	State SSBG	997.000 445.000

OKLAHOMA	TOTAL	3,536,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	2,948.000
Comprehensive Adolescent Clinics	State Title V MCH Block	100.000 180.685
SPECIAL INITIATIVES		
Community Grants	State	250.000
"Transitions" State Department of Health sponsors workshops across the state on	Title X	41.000

adolescent sexuality for parents, teachers, counselors.		
Male Involvement Program Funds state family planning staff position to stimulate male involvement activities in schools and public health agencies	Title X	16,000
Adolescent Health Conferences Coordinated by state public health staff and local leaders, one-day health conferences link over 8,700 students with health information and community resources.	Title V MCH Block Community funds	unavailable
SOUTH CAROLINA	**TOTAL**	**$4,903,000**
COMPREHENSIVE SCHOOL HEALTH		
Teacher Training	State	101,000
	CDC	18,500
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	2,287,000
Teen Health Scene Community-based comprehensive teen and family planning clinic.	State Medicaid	36,000 360,000
SPECIAL INITIATIVES		
Teen Companion Program	Medicaid	2,100,000
TENNESSEE	**TOTAL**	**$4,619,000**
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	4,022,000
Teen Clinic State dedicates federal funds to a community-based comprehensive adolescent health clinic.	Title V MCH Block	245,000
SPECIAL INITIATIVES		
Adolescent Pregnancy Prevention Initiative	State	320,000
Teen Theatre The PG-13 Players provide health related information peer-to-peer through theatre.	Title X	20,000
Male Involvement Funds support staff for a community-based family planning male involvement education program.	Title X	12,000

TEXAS	TOTAL	$15,092,000
COMPREHENSIVE SCHOOL HEALTH		
Health Education Specialist	State	700,000
School Based Clinic Coordination	State	60,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	11,430,000
Adolescent Primary Care Clinics	State/Title V	1,965,000
Teen Family Planning Clinic	Title X	739,000
SPECIAL INITIATIVES		
Teen Theatre	Title X	120,000
Male Involvement	State	51,000
Hispanic Male Teen Health Education Initiative	State	27,000

VIRGINIA	TOTAL	$7,020,000
COMPREHENSIVE SCHOOL HEALTH		
Teacher Training Nine HIV/AIDS and health education teacher training facilities across the state; reached nearly 2,000 teachers in 1991-92 school year.	CDC	160,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	6,705,000
SPECIAL INITIATIVES		
Male Involvement Support male staff in "teen only" family planning program.	Title X	5,000
Community Coalition Initiative	Title V MCH Block	150,000

WEST VIRGINIA	TOTAL	$5,425,000
COMPREHENSIVE SCHOOL HEALTH		
Teacher Training Statewide training to integrate the eight components of a school health program.	DFSC/CDC/State	200,000
School Health Services Personnel	State/Local	3,778,000
PUBLIC HEALTH SERVICES		
Family Planning	State/Federal	1,152,000
SPECIAL INITIATIVES		
Community Organization	Title V MCH Block	320,000
Community Grants	State	5,000

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The Project's region encompasses Alabama, Arkansas, Delaware, the District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Missouri, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Texas, Virginia, the Virgin Islands, and West Virginia. The District of Columbia and the territories were not included in this study because data were not readily available.

Southern Center on Adolescent Pregnancy Prevention

John J. Schlitt
Coordinator

444 N. Capitol St., N.W.
Suite 200
Washington, D.C. 20001
202/624-5897

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